

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen Mooney

Mailing Address 4619 Briar Oaks Circle

City State Zip Code
 Dallas TX 75287-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Conifer Health Solutions

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2012

Transaction ID : 47186115

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sean R Muldoon MD

Mailing Address 239 Fairfax Ave

City State Zip Code
 Louisville KY 40207-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc

Occupation
 Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2012

Transaction ID : 47186116

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Larry M Carlton

Mailing Address 107 Tiffany Court

City State Zip Code
 Franklin TN 37064-5774

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Community Health Systems, Inc

Occupation
 SVP Revenue Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2012

Transaction ID : 47186118

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00